MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
9/540288	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51		1				
2		1						52		1				
3		1						53		1				
4		1						54		1				
5		3						55		1				
6		1						56		1				
7		1						57		1				
8		1						58		1				
9		1						59		1				
10		1						60		1				
11		1						61		1				
12		1						62		1				
13		1						63		1				
14		1						64		1				
15		1						65		1				
16		1						66		1				
17		1						67		1				
18		1						68		1				
19		1						69		1				
20		1						70		1				
21		1						71		1				
22		1						72		1				
23		1						73		1				
24		1						74		1				
25		1						75		1				
26		1						76		1				
27		1						77		1				
28	1							78		1				
29		1						79		1				
30		1						80		1				
31		1						81		1				
32		3						82		1				
33		1						83		1				
34		1						84		1				
35		1						85	1					
36		1						86		1				
37		1						87		1				
38		1						88		1				
39		1						89		3				
40		1						90		3				
41		1						91		3				
42		1						92		3				
43		1						93		1				
44		1						94		1				
45		1						95		1				
46		1						96		1				
47		1						97		1				
48		1						98		1				
49		1						99		1				
50		1						100		1				
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9/546288   FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	DEP.	AFTER 2nd AMENDMENT IND.	DEP.	Claim	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
101		1					51		1				
102		1					52		1				
103		1					53		1				
104		1					54		1				
105		1					55		1				
106		1					56		1				
107		1					57		1				
108		1					58		1				
109		1					59		1				
110		1					60	1					
11		1					61		1				
12		1					62		1				
13		1					63		1				
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71		3				
22		1					72		3				
23		1					73		3				
24		1					74		3				
25	1						75		3				
26		1					76		3				
27		1					77		3				
28		1					78		6				
29		1					79		1				
30		1					80		1				
31		1					81		1				
32		1					82		1				
33		1					83		1				
34		2					84		1				
35		2					85		1				
36		2					86		1				
37		2					87		1				
38		2					88		1				
39		1					89		1				
40		1					90		6				
41		1					91	1					
42		1					92		1				
43		1					93		2				
44		1					94		2				
45		1					95		2				
46		1					96		2				
47		1					97		2				
48		1					98		2				
49		1					99		2				
50		1					200		2				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9/540 288

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
201		1					51							
202		①					52							
203		①					53							
204		①					54							
205		①					55							
206		①					56							
207		①					57							
208		①					58							
209		①					59							
210		①					60							
211		①					61							
212		①					62							
213		①					63							
214		①					64							
215		①					65							
216		①					66							
217		①					67							
218		①					68							
219		①					69							
220		①					70							
221		①					71							
222	1						72							
223		1					73							
224		2					74							
225		2					75							
226		①					76							
227		2					77							
228		2					78							
229		①					79							
230		①					80							
231		①					81							
232	1						82							
233		1					83							
234		1					84							
235		1					85							
236		1					86							
237		2					87							
238		2					88							
239		①					89							
240		①					90							
241		①					91							
242		①					92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	8						TOTAL IND.							
TOTAL DEP.	280						TOTAL DEP.							
TOTAL CLAIMS	288						TOTAL CLAIMS							

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS